

**DEPARTMENT OF ENVIRONMENTAL QUALITY  
PERMITTING AND COMPLIANCE DIVISION  
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU  
SOLID WASTE PROGRAM  
P.O. Box 200901  
HELENA, MT 59620-0901  
PHONE: 406-444-5300  
FAX: 406-444-1374**

**LICENSE APPLICATION  
HOUSEHOLD HAZARDOUS WASTE COLLECTION EVENT**

***Section 1 – General Information***

***Applicant Name:*** (If licensed Class II facility,  
provide facility name and contact information)

***Applicant Address:***

***Phone:***

***Applicant Title:***

***Fax:***

***Hazardous Waste Consultant:***

***Name:*** \_\_\_\_\_ ***Title:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

***Hazardous Waste Disposal/Recycling Facility:***

***Facility Name:*** \_\_\_\_\_

***Facility Contact:*** \_\_\_\_\_ ***Title:*** \_\_\_\_\_

***Facility Address:*** \_\_\_\_\_

***EPA ID Number:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

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***Facility Name:*** \_\_\_\_\_

***Facility Contact:*** \_\_\_\_\_ ***Title:*** \_\_\_\_\_

***Facility Address:*** \_\_\_\_\_

***EPA ID Number:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

.....  
***Facility Name:*** \_\_\_\_\_

***Facility Contact:*** \_\_\_\_\_ ***Title:*** \_\_\_\_\_

***Facility Address:*** \_\_\_\_\_

***EPA ID Number:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

***Hazardous Waste Transporter:***

***Name:*** \_\_\_\_\_ ***Contact:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_ ***Phone:*** \_\_\_\_\_

***EPA ID Number:*** \_\_\_\_\_

## ***Section 2 – Site Location Information***

<b><i>Proposed Site Location Address:</i></b>	<b><i>Legal Description of Proposed Site Location:</i></b>	<b><i>Is property owned by applicant?</i></b> [ ]Yes [ ]No <i>If not, provide name/address of lessor who holds title to the property</i>
<b><i>Total Acreage Proposed for the Event:</i></b>	<b><i>Population to be served:</i></b>	<b><i>Name:</i></b>
<b><i>Proposed Accumulation Dates and Method of Storage:</i></b>		<b><i>Address:</i></b>

## ***Section 3 – HHW Event Information/Attachments***

***Provide a description of proposed treatment, final disposal, or recycling procedures to be used:***

***The following attachments are required:***

- o Site Plan** - Plan view delineating the location of the waste screening, collection, processing, and storage areas for HHW, site ingress and egress, emergency evacuation routes.
- o Operational Plan** that includes waste acceptance criteria, waste rejection criteria, provisions for the separation of reactive, ignitable, and corrosive wastes, spill control/containment methods, emergency contact information, event contingency and emergency evacuation procedures.
- o HHW Collection Plan** that provides a summary of the expected sources, types, and quantities of HHW to be collected.

## ***Section 4 - Certification***

This is to certify that I have personally examined and am familiar with the information in this application and all attached documents. To the best of my knowledge, information, and belief, the submitted information is accurate and complete.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*